

# Provider Revalidation Process

## Information Regarding Medi-Cal Revalidation Requirement

In accordance with the directives of the Patient Protection and Affordable Care Act (ACA), the Department of Health Care Services (DHCS) has established a revalidation requirement to implement Code of Federal Regulations (CFR), Title 42, Section 455.414. Pursuant to CFR 455.414, “the state Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.”

DHCS' Long-Term Care Division has sent out notices to each provider to begin the revalidation process. All the required documents to complete the revalidation process are in the links below. All providers are required to complete the following:

- o Medi-Cal Provider Application [DHCS6204](#)
- o Medi-Cal Disclosure Statement [DHCS6207](#)
- o Medi-Cal Provider Agreement [DHCS6208](#)

**NOTE: All application documents must have an original signature; and all application documents require notarization with the exception of those submitted by an individual nurse provider.**

Each provider type is required to submit additional supporting documents to be included with the application documents. To determine the supporting documents that are required by your provider type is shown below:

Submit all completed documents along with application fee (as applicable) to:

Department of Health Care Services  
Long-Term Care Division  
NF/AH & IHO Waivers  
1501 Capitol Avenue, MS 4502  
P.O. Box 997437  
Sacramento, CA 95899-7437

**DO NOT SEND ANY DOCUMENTS TO PROVIDER  
ENROLLMENT DIVISION**

**The supporting documents shown below are to be completed only as they apply to your specific application documents**

**INDIVIDUAL NURSE PROVIDER(S) (INPs)**

**REGISTERED NURSE (RN)**  
**LICENSED VOCATIONAL NURSE (LVNs)**

- ☐ Current Nursing License
- ☐ Current CPR Card
- ☐ Current Malpractice Insurance
- ☐ NPI confirmation Letter to Include a Taxonomy code
- ☐ Current copy of Driver's License

**PERSONAL CARE AGENCIES (PCA)**  
**EMPLOYMENT AGENCIES**

- ☐ Business License
- ☐ NPI Printout
- ☐ Taxonomy
- ☐ Workman's Comp Certificate
- ☐ Surety Bond
- ☐ Liability Insurance
- ☐ Doing Business As/Fictitious Business Name Statement
- ☐ Current Driver's License
- ☐ Federal Tax ID Document
- ☐ Secretary of State Confirmation (Articles of Incorporation) if applicable
- ☐ Application Fee (\$554 by Cashier's Check or Money Order Only)

**CONGREGATE LIVING HEALTH FACILITIES (CLHF)**

- ☐ Business License
- ☐ NPI Printout
- ☐ Taxonomy
- ☐ Workman's Comp Certificate
- ☐ Surety Bond
- ☐ Liability Insurance
- ☐ Doing Business As/Fictitious Business Name Statement
- ☐ Current Driver's License
- ☐ Federal Tax ID
- ☐ Secretary of State Confirmation if Applicable

- ☐ Current Department of Public Health License
- ☐ Application Fee (\$554 by Cashier's Check or Money Order Only)

### **NON-PROFIT ORGANIZATIONS**

- ☐ Business License
- ☐ NPI Printout
- ☐ Taxonomy Code
- ☐ General Liability Insurance
- ☐ Workers' Comp Ins
- ☐ Articles of Incorporation
- ☐ Notarized Documents
- ☐ Federal Tax Payer ID Document
- ☐ Statement of Information by Domestic Non-Profit Corporation
- ☐ 990 IRS Document
- ☐ Application Fee (\$554 by Cashier's Check or Money Order Only)
- ☐ Copy of Current Driver's License
- ☐ Doing Business As/Fictitious Business Name Statement

### **PROFESSIONAL CORPORATION**

- ☐ Business License
- ☐ NPI Printout
- ☐ Taxonomy Code
- ☐ General Liability Insurance
- ☐ Workers' Comp Ins
- ☐ Articles of Incorporation
- ☐ Notarized Documents
- ☐ Federal Tax Payer ID Document

- ☐ Application Fee (\$554 by Cashier's Check or Money Order Only)
- ☐ Current Driver's License
- ☐ Doing Business As/Fictitious Business Name Statement

**PEDIATRIC DAY HEALTH CARE CENTERS (PDHC)**

- ☐ Business License
- ☐ NPI Printout
- ☐ Taxonomy
- ☐ Workman's Comp Certificate
- ☐ Surety Bond
- ☐ Liability Insurance
- ☐ DBA/Fictitious
- ☐ California Driver's License
- ☐ Federal Tax ID
- ☐ Secretary of State Confirmation if Applicable
- ☐ DPH License
- ☐ Application Fee (\$554 by Cashier's Check or Money Order Only)
- ☐ Doing Business As/Fictitious Business Name Statement